

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	A-Y	93192	1/29/90
O.I.P.E. CLASSIFIER		21	2/10/90
FORMALITY REVIEW	DW	72346	2-15-90
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	2-1-90
1 ✓	
2 0	
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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